## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

**Commissioner for Patents** Washington, D.C. 20231

(703)746-4000 **Fax** 

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020306		3		accompanying promal drawing,  I hereby certify United States Poenvelope addres	ate of mailing can only be used tall. This certificate cannot oapers. Each additional paper, must have its own certificate of Certificate of Mailing or Tra that this Fee(s) Transmittal istal Service with sufficient possed to the Box Issue Fee addree USPTO, on the date indicated	be used for any other such as an assignment or fmailing or transmission.  Insmission  is being deposited with the tage for first class mail in an ass above, or being facsimile
	\3	2000				
	/	G Let		<u> </u>		(Signature)
		PADEMARA		L		(Date)
APPLICATION NO.	FILING DATE	FIR	, FIRST NAMED INVENTO		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/966,515 TITLE OF INVENTION: EVALUATE CANCER	09/28/2001 METHOD ENABLING U		Michael S. Kopres AR RNA EXTRA		00-1312-C ASMA OR SERUM TO DETE	5477 ECT, MONITOR OR
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBL	CATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	1	\$300	\$950	07/22/2003
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
LU, FRANK WEI MIN		1634	435-912000			
1. Change of corresponde CFR 1.363).  ☐ Change of correspond Address form PTO/SB/ ☐ "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 McDonnell Boehnen  Hulbert & Berghoff  2  3					
(A) NAME OF ASSIGNE	an assignee is identified be I to the USPTO or is being EE	elow, no assignee data wi submitted under separate (B) RE	Il appear on the p cover. Completio SIDENCE: (CITY	atent. Inclusion of n of this form is No and STATE OR (	assignee data is only appropria OT a substitute for filing an assi COUNTRY)	ite when an assignment has gnment.
OncoMEDx		Long V <b>a</b> lley, NJ				
Please check the appropriat	e assignee category or cate	gories (will not be printed	on the patent)	☐ individual	corporation or other private g	group entity  government
4a. The following fee(s) are	enclosed:	4b. Pay	ment of Fee(s):		· · · · · · · · · · · · · · · · · · ·	
Issue Fee		☐ A check in the amount of the fee(s) is enclosed.				
Publication Fee		☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of C	Copies	Deposit	Commissioner is has Account Number	ereby authorized b	y charge the required fee(s), or(enclose an extra copy of this	credit any overpayment, to form).
Commissioner for Patents is	s requested to apply the Issu	ue Fee and Publication Fe	ee (if any) or to re-	apply any previou	sly paid issue fee to the applicat	tion identified above.
(Authorized Signature)	V	(Date)	22 -0)			
other than the applicant; interest as shown by the re	d Publication Fee (if requ a registered attorney or a cords of the United States	ired) will not be accepted gent; or the assignce of Patent and Trademark Of	d from anyone other party in ice.		3 HARHED2 00000058 1324 1 650.00 DA	90 09966515
This collection of information obtain or retain a benefit application. Confidentialitiestimated to take 12 minus completed application for case. Any comments on suggestions for reducing Patent and Trademark ONOT SEND FEES OR Commissioner for Patents, Under the Paperwork Research	ection of information is required by 37 CFR 1.311. The information is required to		02 FC:1500	4 300.00 DA		
collection of information u	intess it displays a valid ON	AB control number.				